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Application Number: 09/695,812

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- 1. Fee Transmittal
- 2. Response to Final Office Action dated 9/7/2005
- 3. Information Disclosure Statement
- 4. Form PTO-1449

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Under the Penerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). BEFEIVE 09/695,812 **Application Number** RANSMIT NTER GENTHAL FAX 6 10/24/2000 Filing Date Galen C. Hunt et al. For FY 2005 First Named Inventor Michael A Delgado Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2144 (\$) 180.00 TOTAL AMOUNT OF PAYMENT MS1 - 547US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Lee & Hayes, PLLC ✓ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING; Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 Design 200 100 100 130 65 50 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 **Provisional** 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description <u>Fee (\$)</u> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) 50 Fee Paid (\$) - 20 or HP = X Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep, Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x - 100 = /50= 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Information Disclosure Statement 180.00 SUBMITTED BY Registration No. Теlephone (509) 324-9256 Signature 38318 (Attomey/Agent) Name (Print/Type) Allan T. Sponseller

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.